

## **Early Learning Program Intake Application**

For Central Okanagan Public Schools

Applicant information			
Name:			
Organization:			
Email address:			
Contact phone numbers:			
Type of Program: Preschool Out-of-school care Before school After school			
Do you have a specific location request?	yes If yes, at which school? School:   Is the principal aware of this application? yes no		
	If no, do you have a geographical area that you wish to be inyesnoArea:		

Applicant's History			
Are you currently operating an Early Learning Program:	🗌 yes	🗆 no	
If yes, where is this program located:			
What type of program are you currently offering:			
What background information have you gathered in terms of the community's need for this service/program?			

Please scan this form to: <u>early.learning@sd23.bc.ca</u>